

**MANAGEMENT CONTROL EVALUATION CERTIFICATION
STATEMENT**

For use of this form, see AR 11-2; the proponent agency is ASA(FM).

1. REGULATION NUMBER
AR 215-1

2. DATE OF REGULATION
24 Oct 2006

3. ASSESSABLE UNIT
Directorate of Morale, Welfare, and Recreation

4. FUNCTION
Old Point Comfort Marina, Sales / Change Fund Operations

5. METHOD OF EVALUATION (*Check one*)

☒ a. CHECKLIST

☐ b. ALTERNATIVE METHOD (*Indicate method*)

APPENDIX (*Enter appropriate letter*)

6. EVALUATION CONDUCTED BY

a. NAME (Last, First, MI)
Grogan, Theresa J.

b. DATE OF EVALUATION
6 Dec 2006

7. REMARKS (Continue on reverse or use additional sheets of plain paper)

Key management controls were tested by direct observation, file/documentation review, and sampling.

No material weaknesses were found during this evaluation period.

8. CERTIFICATION

I certify that the key management controls in this function have been evaluated in accordance with provisions of AR 11-2, Army Management Control Process. I also certify that corrective action has been initiated to resolve any deficiencies detected. These deficiencies and corrective actions (*if any*) are described above or in attached documentation. This certification statement and any supporting documentation will be retained on file subject to audit/inspection until superseded by a subsequent management control evaluation.

a. ASSESSABLE UNIT MANAGER

(1) Typed Name and Title
Paul A. Heilman
Director of Morale, Welfare, and Recreation

(2) Signature



b. DATE CERTIFIED

19 Dec 06

Date _____